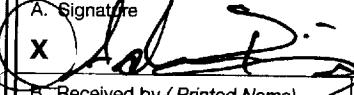
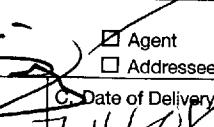


- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

PORFOLIO PARTNERS OF AMHERST, LLC
C/O MANAGING MEMBER OR OFFICER
4248 RIDGE LEA ROAD
AMHERST, NY 14226

A. Signature		<input type="checkbox"/> Agent
B. Received by (Printed Name)	 7-14-08	
C. Date of Delivery		
D. Is delivery address different from item 1?	<input type="checkbox"/> Yes	
If YES, enter delivery address below:		
<u>07cv97 Alias Sm & And Corp</u>		

3. Service Type

- | | |
|--|--|
| <input checked="" type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail |
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. |

4. Restricted Delivery? (Extra Fee)

2. Article Number

(Transfer from service label)

7008 0150 0002 8065 2963

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540